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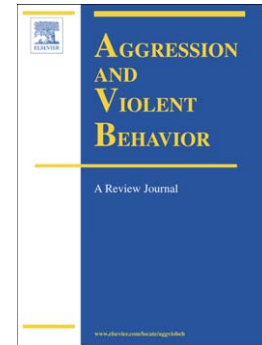
Sexual abuse of children and youth in residential care: an international review

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Title page

Sexual abuse of children and youth in residential care: an international review

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Sexual abuse of children and youth in residential care.

An international review

1 Introduction

This review discusses the research literature on sexual abuse in residential child and youth care. Empirical research on this issue did not get off the ground until the 1990s, after the sexual abuse 'scandals' that came to light following enquiries by national governments. There were several cases in particular that attracted huge publicity: in the UK (including the 2000 Lost in Care: Waterhouse Report on sexual abuse in residential institutions in Wales in 1970 and 1980), in Ireland (the 2009 Murphy Report), but also in the US, Canada and Australia. These countries showed particular concern for children of Aboriginal or First People origin, who were often placed in institutions by governments to be taught 'white standards' (Hawkins & Briggs 1997).

The reports on sexual abuse have played a major role in alerting people to the problem and in raising awareness. They showed that the sexual abuse of children and young people in care was an entrenched phenomenon in some children's homes. However, the scope and methods of these reports vary widely which makes it difficult to draw general conclusions about the nature and extent of sexual abuse in residential care, or to analyse it more closely.

One drawback of the succession of cases and scandals is that it has colored our perceptions of sexual abuse in residential child and youth care. The focus on sexual abuse by adult men, for example, has detracted attention from other forms of sexual abuse, such as abuse involving peers. What is more, the reports by government commissions have a strong judicial focus, with little concern for analysis and explanations. The recommendations are primarily aimed at improving the care and support of victims, better training of residential childcare workers, measures to counteract perpetrators, more rigorous codes of conduct, improved security within the buildings, greater cooperation between institutions, etc. From this view, sexual abuse is an expression of individual pathological behaviour. However, as some authors have pointed out (Stanley *et al.* 1999), an individual-centred approach presents an incomplete picture of the problem because institutional factors also play a role in sexual abuse, which occurs in all institutionalized environments where children and adolescents reside (Deutsches Jugendinstitut 2010).

In order to get a better view on the complexity of factors influencing sexual abuse, we have conducted a review of all relevant, peer-reviewed research literature 1945-2011. This paper starts with methodological considerations and a description of the search method and strategy, followed by a review of research articles on sexual abuse in residential child and youth care. In the conclusion we will reflect on the prevalence and contexts of sexual abuse.

2 Method

The first academic studies addressing sexual abuse in residential care were conducted in the 1990s, often in response to the first scandals and commission reports. Several studies have been conducted since then, usually of a small-scale and exploratory nature. For these reasons, the present review is necessarily a scoping review study (Arksey & O'Malley 2005). Scoping studies address research that uses a range of qualitative and quantitative study designs, whereas systematic reviews usually involve studies addressing a specific research question and specific topics of research (Stalker & McArthur 2010).

To identify relevant studies we formulated five research questions: (1) What is known about the nature and scale of sexual abuse of children in residential care settings? (2) What is known about institutional risk factors? (3) What is known about sexual abuse by peers? (4) Are there any victim and perpetrator profiles? (5) How did and do the residential institutions respond to signals of sexual abuse?

The following search term clusters were used to search for international research literature on sexual abuse in residential child and youth care: 'sexual abuse' + 'peers', 'sexual abuse' + 'institutional care' and 'sexual abuse' + 'residential care'. The last two clusters were then specified by combining them with the search terms 'child' and 'youth'. These search terms ignore the research literature on child abuse, except where these studies include 'sexual abuse' as a specific aspect of child physical abuse.

Searches were conducted in the following major databases for research publications: EBSCO Host Complete, Web of Science, ERIC, IBSS, Dissertation Abstracts International and Picarta. A search was also made in Daphne projects, the European database for commission reports (http://ec.europa.eu/justice_home/daphnetoolkit). All databases were searched for publications from 1945 to 2011.

A separate search was carried out for each of the terms, after which the results were compared to remove any duplications. The publication abstracts were then checked for relevance. Articles that did not address the topic of this review were left out, e.g. publications on sexual abuse in a non-residential setting or on sexual abuse of adults etc. Internal references within the articles (the snowball method) yielded various other relevant publications that had not been identified through the first search method. This search produced a total of 66 relevant publications, for the most part from the 1990s and early 2000s, directly following on from the first scandals that attracted public attention.

3 Research literature: findings

The findings of the search will be presented according to the five research questions mentioned above.

3.1 Nature and scale of the problem

In his review of academic and professional journals 1980-1992, Bloom failed to find a single publication on sexual abuse in residential care despite the fact that in 1978 the US National Center on Child Abuse and Neglect (NCCAN) had expressed their concern about the abuse of children (Bloom 1992). Twenty years from then, our review in 2012 shows that the number of academic publications on sexual abuse, relating to the scale of the problem in residential child and youth care, is still modest. Nevertheless some patterns, relating to the nature and scale of sexual abuse in residential care, emerge.

Westcott & Clement (1992) surveyed children who had experienced sexual abuse in the child and youth care institutions with which the NSPCC had contact. Eighty-four cases of sexual abuse were identified over a 12-month period. Barter (1997) interviewed all NSPCC care professionals who in the period 1994-1995 had conducted an internal investigation into a case of physical abuse in a residential setting. Seventy-six accusations of physical abuse emerged during this two-year period, made by 67 children and adolescents (34 boys and 33 girls) against 50 carers (40 staff and 10 peers). Twenty-four of these complaints involved sexual abuse. Boys more frequently reported physical violence, girls more commonly reported sexual abuse. Although much more women than men are working in child and youth care, in nearly all cases the perpetrators were men.

Hobbs *et al.* (1999) conducted research among doctors in Leeds. Over a six-year period, 158 incidents of abuse in residential and foster care were

reported, involving 133 children. Although abuse was more often reported in foster care, in residential care physical abuse was reported twelve times, sexual abuse was reported six times, and both forms of abuse were reported six times. However, the study's conclusions have been strongly criticized on the grounds of methodological shortcomings (Ainsworth & Hansen 2000).

Apart from research among professionals, several studies were conducted among children. MacLeod (1999), for example, catalogued the number of cases of sexual abuse by staff working in residential care that children themselves reported via Childline (the UK national child helpline, also part of the NSPCC). Over the years 1992-1997, sexual abuse was mentioned in 1.6 – 2.8% of the calls. Low numbers of sexual abuse, as reported by children and adolescents also appeared in other studies (Lindsay 1997; Gibbs & Sinclair 2000; Cawson *et al* 2002). Girls reported up to three times more incidents than boys, as well as more serious forms of sexual abuse.

Case-file analysis was the method used in Gallagher's (2000) study, into sexual abuse of a child under the age of eighteen by an adult working with that child in a residential institution (Gallagher 2000). In the period 1988-2003, 20,000 case files from child protection agencies and the police were examined, in eight regions, representative of England and Wales. The case files showed proven sexual abuse in 65 cases, which comes to 1.6 per region per year. These figures are not high, but are based solely on proven cases.

Research into sexual abuse began about ten years earlier in the United States. These studies often looked at a broad spectrum of abuse or neglect, rather than sexual abuse specifically (Blatt & Brown 1986; Blatt 1992; Groze 1990; New York State Commission on Quality of Care 1992; Nunno 1997).

The first study, which dates from 1984, catalogued the number of reported cases of abuse in round-the-clock care in ten federal regions, in both governmental and private child and youth care institutions (Rindfleisch & Rabb 1984). The researchers encountered an average of 39 reports of abuse for every 1000 children, of which only 20 - 25% were reported to the authorities: similar numbers appeared in two other national studies (Rindfleisch & Nunno 1992; National Center on Child Abuse and Neglect (NCCAN) 1988).

Not only in the UK and US, but in other countries too (Australia, Canada) there was a growing awareness in the 1980s and 1990s of sexual abuse of children entrusted to state care in residential institutions (Hawkins & Briggs 1997). This awareness was triggered by an Australian 'scandal' in which paedophile networks sexually abused 600 children placed under a supervision order. Public concern about sexual abuse also led to a focus on a specific group of children – aboriginals and migrant children from England – placed into state care.

In conclusion, it is clear that figures on the scale of sexual abuse in residential care should be viewed with great caution (Allnock & Barns 2011). Sexual abuse percentages depend on the definition chosen and the respondents' age. Children tend to regard only serious forms like rape as

sexual abuse, and not the sexual abuse of one adolescent by another. The same can be said for percentages found in studies of sexual abuse of children and young people in other settings, where percentages also vary according to the definition used (confined to physical contact against the victim's will, or a broader definition), the methodology (surveys, ethnographic studies, case studies, case-file analyses) and the respondents (children and young people, professionals).

3.2 Institutional risk factors

The ethnographic research by Green and colleagues (2001; 2005; Parkin & Green 1997; Green & Masson 2002) clearly shows that institutional culture is one of the main contextual factors deserving attention. A second contextual factor is the sexual culture within the institution or residential group, while a third is the gender ideology of the institution. These factors allow us to look at sexual abuse as behaviour embedded in the institutional context ('a rotten basket'), rather than in terms of the pathology of individual perpetrators ('a rotten apple').

Institutional culture

Both in the scandals that surfaced in the 1990s, as in the first ethnographic studies of several institutions, sexual abuse of children in residential care was primarily attributed to the charismatic leadership of men heading an

authoritarian, rigidly hierarchical institution (Coates 1997). The departmental head of Bryn Estyn Hall was able to sexually abuse many boys over a ten-year period (from 1973-1984) by creating a sexualized culture that was difficult to escape. Power and intimidation were used to maintain a culture of silence, so that the abuse went unnoticed by the outside world for a long time. Similarly, the charismatic head of a boarding school (Castle Hill), used his position of power to create a climate of fear, thus hiding the sexual abuse of many boys for a long time (Brannan *et al.* 1993). Green & Masson (2002) carried out ethnographic research in two children's homes in 1994 and 1998. They describe the mechanisms of threat, intimidation and grooming, and the fact that the perpetrators also behaved in a highly controlling manner towards their colleagues. Grooming went hand in hand with bureaucratic power and leadership.

Apart from the risks related to leadership, the residential system in itself can be understood as a risk factor (Timmerman *et al* 2012). Youngsters in a group setting will create their own youth world (Van Hessen 1965; Timmerman 2010). Thus, peer influence – in an involuntary and inescapable peer group - becomes a crucial factor in residential life for these children. Secondly, these youngsters often have a history of sexual abuse themselves, which leads to a higher risk of sexually problematic behaviour. A final risk factor is inherent to the job of being a care worker in a residential setting, as these professionals have to balance on a daily basis between developing a close pedagogical relationship with the youngsters in their care, and keeping a professional distance.

Sexual culture and gender ideology

In their ethnographic study of two residential institutions, Parkin and Green (1997) refer to 'sexualized cultures' in which sexuality is constantly 'in the air', because of teenage preoccupations with their own sexual development and with each other, while many of these youngsters have a background of sexual abuse. However, this subject never appears on formal agendas and in formal channels; sexuality is barely discussed in staff meetings or residential groups. For the children, this creates a lack of clarity about sexuality and their own boundaries as there is little contact with the 'normal' outside world. The result is that girls in particular who were past victims of sexual abuse are an easy target for sexual abuse from peers. According to Parkin and Green, childcare workers have neither the expertise nor the resources to offer constructive (sensitive and non-judgemental) support on this matter to children. This point also clearly stands out in the study by Timmerman *et al* (2012): both in the historical analysis of professional journals, and in recently held interviews, professionals describe their ambivalence and uneasiness towards an open discussion in the group setting of matters related to sexuality.

Barter's (2006; see also Green 2002) ethnographic study of 14 English children's homes shows that both youngsters and staff cited the sexualizing behaviour of girls as an explanation for boys' sexually aggressive behaviour. Sexual aggression was seen as a more or less normal aspect of male sexuality. The prevailing view was that girls should protect themselves from this

aggression by modifying their behaviour. Girls were also expected to avoid arousing the boys by not displaying any sexualizing behaviour.

Green's (2002) study shows that a macho culture affects not only how members of staff relate to girls and boys, but also how they relate to one another. Sexist and homophobic 'jokes' among colleagues create an environment in which it is difficult to detect, name and tackle abuse.

3.3 Sexual abuse by professionals and peers

The disclosure of sexual abuse in residential care is in large part a consequence of the 'scandals' that attracted so much media attention, in many countries all over the world. Although the scale of the problem was still uncertain, the *nature* of the abuse seemed clear: nearly all reports involved sexual abuse by adult males: professionals working in residential institutions, charismatic managers taking advantage of their position of power, and paedophile networks (Cawson 1997).

The focus on sexual abuse by adult men detracted attention from peers as perpetrators of sexual abuse in residential care. And yet a few publications from this period do make reference to peer sexual abuse (Morris *et al.* 1994; Barter 1997). Morris and colleagues pointed out that half of the cases of sexual abuse reported by children via the child helpline involved a peer. Westcott & Clement (1992) found in their study that half of the reported cases of sexual abuse involved a male perpetrator who also lived in the institution. A similar percentage of male peer perpetrators was reported in a recent study on sexual abuse in Dutch residential settings (Timmerman *et al.* 2012).

Other studies suggest that peer sexual abuse is often downplayed by adults who see it as exploratory adolescent sexual behaviour, especially since it frequently goes hand in hand with bullying and intimidation (Barter *et al.* 1996; MacLeod 1999, Kent 1997; Utting 1997). Barter (1997) argues that viewing the problem in these terms cannot be justified. Various publications

point out that peer sexual abuse can be highly damaging and can have a negative impact on a child's sexual development (Horne *et al.* 1991; Glasgow *et al.* 1994). Viewing peer-on-peer incidents as mere adolescent experimentation means ignoring the responsibility on the part of child and youth care and the state to offer a safe environment for all children in institutions.

Green (1998) suggests that there is often no chance of more or less normal, age-appropriate sexual behaviour if the victims and perpetrators of sexual abuse are placed together, as noted in these first studies (Farmer & Pollock 1998; Lindsay 1997; O'Neill 2001). Some of these studies also point out that peer sexual abuse confronts childcare workers with major dilemmas, demanding professional intervention based on sufficient knowledge of what constitutes normal sexual behaviour for these adolescents. It is often difficult to identify the boundary between acceptable experimental behaviour and sexual intimidation and abuse. Having reviewed publications about these dilemmas, Barter (1997) concluded that the professionalism of residential childcare workers still left much to be desired. Childcare workers usually denied or ignored peer sexual abuse, or did not know how to deal with it.

Sinclair & Gibbs (1998) analysed 223 questionnaires from children in 48 different children's homes in the UK. They found that 13% of the children had experienced peer sexual abuse and four out of ten were bullied. In their study, Spencer & Knudsen (1992) also found that adolescents were the perpetrators of sexual abuse in 70% of cases. Reports to the NSPCC child helpline were analysed not just by Westcott & Clement in 1992, but also by

MacLeod in 1992, 1995 and 1997. Unlike Westcott & Clement, who came across many reports of peer perpetrators, MacLeod (1999) mainly encountered sexual abuse by institutional staff. The literature cannot shed any light on this discrepancy. The studies may have been based on different phone helplines, as *Childline* also had a separate helpline in 1992 for reports from boarding schools (Department of Education and Science 1992).

Although a few studies of peer sexual abuse were conducted in the 1990s, this has not been the case for the period after 2000. The lack of reliable knowledge on peer sexual abuse has left the field open for 'common-sense' explanations that downplay sexual abuse, viewing it simply as adolescent sexual exploration that has got out of hand. However, several studies indicate that about half of the sexual abuse cases in residential care refer to peer abuse (Morris *et al.* 1994; Timmerman *et al.* 2012).

3.4 Victim and perpetrator profiles

Most publications that provide information about victims and perpetrators in care do not discuss sexual abuse that has taken place within the institution. Instead, they deal with characteristics of victims and perpetrators of sexual abuse that occurred prior to placement.

Sexual abuse experiences prior to placement

A few studies of the backgrounds of young perpetrators of sexual abuse in residential institutions in England and Scotland revealed that about one-third

of these perpetrators were themselves victims of sexual abuse (Westcott & Clement 1992; Lindsay 1997; Eggertsen 2008). Lindsay (1999) examined the occurrence of sexual abuse in 94% of the residential institutions in Scotland in 1997 and found that children with a past history of sexual abuse were placed in 83% of these institutions, while perpetrators of abuse were placed in 49% of the institutions.

A Finnish study of the relationship between behavioural problems and sexual abuse among children in residential care in the city of Turku, Finland found similar results (Hukkanen *et al.* 1997). Prior to placement in children's homes, 6 of these 10 children had lived in a home situation where they were overexposed to their parents' sex life or where they themselves had been victims of sexual violence. Other studies also point out the relation between a history of sexual abuse and the occurrence of behavioural problems (Farmer & Pollock 1998; Baker *et al.* 2008; Fitzpatrick *et al.* 2010), and of mental problems (Gatoux, 2007).

Young perpetrators in residential care often have often been victim of sexual abuse themselves (Green 1998; Zakireh 1999). In the study of Farmer & Pollock (1998) in two residential institutions in Wales and England in 1994-1995, half of the children with a history of sexual abuse were perpetrators of sexual abuse within their institution.

An ethnographic study (Green 1998) of child residents and former or current professionals in 100 institutions and 15 local authorities in the UK in the period 1994-1996, drew attention to this problem. Green pointed out that few institutions dealt with sexuality in a normal way. Many girls with a

history of sexual abuse were either unable to resist sexual advances or they sought attention in a sexually provocative way, not having learned to do so in other, non-sexual ways.

The serious risks and consequences of having a history of sexual abuse prior to residential care suggest the importance for staff members and care workers to know the personal history of the children in their care. However, in a recent study on sexual abuse in residential care in the Netherlands, care workers frequently reported that they are not always informed about the child's history when this child is placed in out-of-home care about whether the child does or does not have a personal history of sexual abuse (Timmerman *et al.* 2012).

Gender

Various studies of sexual abuse in residential child and youth care show a pattern of victim and perpetrator profiles in which 'gender' is a key characteristic. Both girls and boys can be victims of sexual abuse in residential care; no unanimous conclusions can be drawn about differences in scale. The literature shows a greater consensus with regard to perpetrators: they are predominantly male.

The first studies systematically highlighted this gender difference and the fact that perpetrators are generally boys and men (Rosenthal 1991; Blatt 1992; Westcott & Clement 1992; Barter 1997; MacLeod 1999). Farmer & Pollock (1998) also found that boys were much more likely than girls to sexually abuse their institutional peers. A 1997 nationwide study of 588

young people in juvenile custodial institutions with a mixed gender population in the US showed that 37% of girls and 8.4% of boys were victims of sexual abuse and that girls had more severe depressive symptoms than boys (Gover 2004).

US researchers have recently commented on the ongoing lack of attention in the research literature to gender differences in residential care, despite the fact that treatment programme outcomes show that girls have more severe dysfunctions than boys after completing such programmes (Doerfler *et al.* 2009; Connor *et al.* 2004). Both the first systematic study of the relationship between gender and the abuse of young people placed in residential care in the US (Doerfler *et al.* 2009) and a study of 397 new placements in a Massachusetts residential institution (Connor *et al.* 2004) show that girls entering residential care have more psychological disorders than boys and display both greater internalizing and externalizing behaviour. These gender differences highlight the need for more gender-specific treatment in residential care.

A single study has focused on the paedophile background of male perpetrators of sexual abuse in residential care. Colton & Vanstone (1998) conducted in-depth interviews with seven male perpetrators of sexual abuse who had worked in child and youth care. They placed sexual abuse in the context of these men's need to prove their manliness by dominating those less powerful, such as children and women. These paedophile men had deliberately chosen child and youth care as their occupation.

A few authors have pointed to the problem of linking victimhood and perpetratorship of sexual abuse. This practice largely arose out of changes in child and youth care in the 1990s and led to victims of sexual abuse and perpetrators of sexual offences being placed together in the same institution and/or residential groups (Brogi & Bagley 1998). The authors found that the recommendations of the 1991 Utting report – that children with a history as sexual abuse (as victims) should not grow up in the same setting as perpetrators of sexual abuse – had not been followed up. Especially when victims of sexual abuse develop into perpetrators, these adolescents need to be placed in separate therapeutic units (Brogi & Bagley 1998).

Ethnicity

The ethnic background of victims, and of perpetrators, has attracted remarkably little attention in the research literature. One of the few articles on this subject was published by Burton & Meezan in 2007. Their study of young people in three juvenile custodial institutions in the US found no difference between black and white adolescents when it came to being the victim of sexual abuse, with over half of both groups having themselves experienced sexual abuse. There was also no difference in terms of perpetratorship. All the young people had displayed sexually aggressive behaviour, leading to convictions for the majority in both groups. The only difference was that Afro-American boys were convicted less frequently for sexual aggression involving penetration than white American boys (84% and 100% respectively).

3.5 Responding to signals

This review has not traced any research literature on how institutions respond to signals of sexual abuse in residential care. Academic journals are perhaps not the best places to find information on policy developments regarding sexual abuse in institutions. Farmer & Pollock (2003) mention four focal points of a preventive policy: informing carers and care professionals about the backgrounds of the children placed in their care, especially if there is a history of sexual abuse; sexuality education; attention to unusual child sexual behaviour (compulsive masturbation in public, sexualized behaviour, sexually intimidating behaviour in dealings with peers); providing information about problems and treating those problems.

Of interest here is Jan Horwath's (2000) study of professionals in residential care. She found that these professionals do not readily suspect a colleague of sexual abuse, let alone confront that colleague on the strength of a suspicion. In Horwath's view, the fact that professionals are disinclined to suspect a colleague is linked to two factors. The first is institutional culture: in a shared culture there is an atmosphere of mutual trust. Secondly, following the release of the Utting report (1997), professionals are busy accounting for their own behaviour and actions. Risk situations are thus often interpreted solely in terms of risk to themselves instead of the child. Respondents also reported that they were constantly aware of their vulnerability and that they adhered to rules and procedures, even if they felt

that this was not in the best interests of the child. Horwath believes that the care dimension of working in residential settings is in danger of disappearing through increasing control and protocolization.

4 Conclusion and discussion

Both commission reports and research literature show that while sexual abuse is not an incidental phenomenon within residential child and youth care, its prevalence is still difficult to establish. Variety in definitions, in methodology and in research design, lead to varying figures and interpretations of sexual abuse.

Perpetrators are usually (though not exclusively) men, whereas both boys and girls are victims (though girls more often than boys). Children and young people with a history of sexual abuse run a greater risk of once again becoming victims of abuse than children and young people with no such history. In the case of adult perpetrators the research literature provides no clear cut profile. This lack of knowledge facilitates stereotypical assumptions of adult perpetrators as paedophiles who violate small children.

Very little research has been done into peer sexual abuse, although the literature gives good reason to assume that this is equally deserving of attention. The lack of reliable knowledge about peer sexual abuse is primarily worrying because it paves the way for 'common-sense' explanations that

downplay sexual abuse, viewing it simply as adolescent sexual exploration that has got out of hand.

When searching for explanations for sexual abuse, it is important to look not only at individual factors, but also at contextual factors: the institutional culture, the sexual culture and the gender ideology within the institution. The style of communication within the residential home and the loyalties of those involved, are influenced by existing hierarchies among and between staff and children, as well as by the extent to which an institution is open or closed. The ways in which the topic of sexuality can be broached, together with the institution's gender ideology, set the tone for permissible and non-permissible ways of relating and responding to each other. These aspects are barely touched on in research studies.

The child's perspective on sexual abuse in residential care has so far rarely been a focal point of research. However, this perspective is highlighted in the reports commissioned by national governments (e.g. in South Australia, Poland, and the Netherlands), often in the form of heartrending life stories. Furthermore, the child's perspective is very important to consider with regards to peers as perpetrators. Peers can see one another as fellow-sufferers within an institution, thus creating a group identity, group culture and loyalty. This group identity has a social function of itself ('young people together') but at the same time can turn into resistance to adults. This means that the pedagogical care and responsibility for children in residential care must also focus explicitly on the role of sexuality within the group and on how children learn to deal with their own sexuality and that of others.

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